


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-04-2003 90103 003 ***150.00

DOCUMENT # J76025	
1. Entity Name PHYSICIANS IMAGING PARTNERSHIP, INC.	

Principal Place of Business C/O FRED O VROOM MD 2801 EDENDERRY DRIVE TALLAHASSEE FL 32308 US	Mailing Address C/O FRED O VROOM MD 2801 EDENDERRY DRIVE TALLAHASSEE FL 32308 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2861273		Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, ROBERT A. 227 S. CALHOUN ST TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAITLAND, CAROL 4223 BAYPOINT ROAD, P O BOX 28023 PANAMA CITY FL 32411-8023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzgerald, Sean, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1885 Professional Park Circle Suite 10 Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, CHRISTOPHER T 1305 BLAKEMORE COURT TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzgerald, Michelle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5364 Appledore Lane Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS VROOM, FRED O. M.D. 1213 HODGES DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEISSINGER, JAMES, M.D. 6168 PICKWICK ROAD TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, FRANK, M.D. 7 HIBERNIA ROAD SAVANNAH GA 31411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLADE, GEORGE F 5307 PIMICO DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred O. Vroom, M.D.* **3-31-2003** **850-893-3949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)